

FILED JAN 24 1955

80328-54

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2232

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY St. Francois 09410			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Bonne Terre		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN Farmington		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital			e. STREET ADDRESS (If rural, give location) R. F. D. # 2 0940		

3. NAME OF DECEASED (Type or Print) a. (First) Susan		b. (Middle) Marie		c. (Last) Stuart		4. DATE OF DEATH (Month) (Day) (Year) January 14, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH November 18, 1954		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 1 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Alonzo Stuart		13b. MOTHER'S MAIDEN NAME Helen Huber		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alonzo Stuart Farmington, Mo., R #2	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Aspiration pneumonia</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Emphysema, atresia of colon</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hours  semi leth	
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19a. DATE OF OPERATION 11-18-54 1-13-55		19b. MAJOR FINDINGS OF OPERATION <i>Emphysema, atresia colon</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7562	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-18, 1954, to 1-14, 1955, that I last saw the deceased alive on 1-14, 1955, and that death occurred at 2:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>George L. Whitman M.D.</i>		23b. ADDRESS Farmington Mo		23c. DATE SIGNED 1-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/16/55		24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	
24d. LOCATION (City, town, or county) (State) Farmington, Missouri		DATE REC'D BY LOCAL REG. Jan 17 1955		REGISTRAR'S SIGNATURE <i>Ethel R. Dwyer</i>	
25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home		ADDRESS Farmington, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul H. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.